

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>09/700200</i>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51	1	0	1	0		
2	1		1				52		0	1	0		
3		2		1			53		0		1		
4		0		1			54		0		1		
5		0		1			55						
6		0		1			56						
7		0		1			57						
8		0		1			58						
9		0		1			59						
10		0		1			60						
11		0		1			61						
12		0		1			62						
13		0		1			63						
14		0		1			64						
15		0		1			65						
16		0		1			66						
17		0		1			67						
18		0		1			68						
19		0		1			69						
20		0		1			70						
21		0		1			71						
22		0		1			72						
23		0		1			73						
24		0		1			74						
25		0		1			75						
26		0		1			76						
27		0		1			77						
28		0		1			78						
29		0		1			79						
30		0		1			80						
31		0		1			81						
32		0		1			82						
33		0		1			83						
34		0		1			84						
35		0		1			85						
36		0		1			86						
37		0		1			87						
38		0		1			88						
39		0		1			89						
40		0		1			90						
41		0		1			91						
42		0		1			92						
43		0		1			93						
44		0		1			94						
45		0		1			95						
46		0		1			96						
47		0		1			97						
48		0		1			98						
49		0		1			99						
50		0		1			100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS						